

## **1.0 Description of the Service**

Home Visit for Postnatal Assessment and Follow-up Care is designed to deliver health, social support, and/or educational services directly to families in their home. Home Visit for Postnatal Assessment and Follow-up Care is a means for follow-up on the mother's health; to counsel on family planning and infant care; and to arrange for additional appointments for the infant and mother.

The goals of the Home Visit for Postnatal Assessment and Follow-up Care are:

- to provide a key mechanism for reaching families early with preventive and anticipatory services
- to provide opportunities for timely referral of problems
- to promote spacing of subsequent pregnancies
- to provide a link with women's preventive health services

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### **2.2 Limitations**

Postpartum women who receive Medicaid are eligible for this service.

**Note:** Postpartum is defined as the period of time from the last day of pregnancy through the last day of the month in which the 60<sup>th</sup> post-delivery day occurs.

### **2.3 Special Provisions**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

### **3.0 When the Service is Covered**

Home Visit for Postnatal Assessment and Follow-up Care is covered within two or three weeks following the client's discharge from the hospital, but no later than 60 days after delivery.

### **4.0 When the Service is Not Covered**

Home Visit for Postnatal Assessment and Follow-up Care is not covered when the criteria listed above are not met.

### **5.0 Requirements for and Limitations on Coverage**

Home Visit for Postnatal Assessment and Follow-up Care must be a one-to-one, face-to-face visit conducted in the client's home. This includes, but is not limited to, assessment, counseling, teaching, and referral to other service providers for additional services. Home Visit for Postnatal Assessment and Follow-up Care must follow the curriculum requirements outlined on the Postpartum Home Visit Assessment form (DEHNR T775 Rev. 3/93).

### **6.0 Providers Eligible to Bill for the Service**

Federally Qualified Health Centers, local health departments, and Rural Health Clinics are eligible to provide this service.

#### **Staffing Qualifications**

The service must be rendered by a registered nurse (RN).

### **7.0 Additional Requirements**

An RN who is not a Maternity Care Coordinator or Child Service Coordinator is required to coordinate services, when applicable. The RN making a Home Visit for Postnatal Assessment and Follow-up Care must:

1. discuss the past and current medical history of the mother and child with the Maternity Care Coordinator and/or Child Service Coordinator;
2. discuss the plan of care or service coordination goals with the Maternity Care Coordinator and/or Child Service Coordinator prior to the home visit so that tasks listed in the plan of care can be addressed during the home visit; and
3. contact the family to schedule a convenient time for the home visit and explain its purpose.

Following the Home Visit for Postnatal Assessment and Follow-up Care, the RN must:

1. document findings in the mother's record and in the child's record as they apply;
2. discuss observations with the Maternity Care Coordinator and/or Child Service Coordinator; and
3. update the Maternity Care Coordination and/or Child Service Coordination plan of care as applicable.

When a child is not eligible for Child Service Coordination and the mother is receiving Maternity Care Coordination, the RN making a Home Visit for Postnatal Assessment and Follow-up Care must:

1. review available records from the referral contact;
2. review prior medical records of the mother (and/or the child) prior to the home visit; and
3. contact the client to schedule a time for the home visit and to explain its purpose.

Following the Home Visit for Postnatal Care Assessment and Follow-up Care, the RN must:

1. document findings in the appropriate records; and
2. make referrals to other agency and community resources as indicated by the findings and as agreed with by the family.

An RN who is the family's Maternity Care Coordinator and/or Child Service Coordinator may make a Home Visit for Postnatal Assessment and Follow-up Care in lieu of – or in addition to – regularly scheduled Maternity Care Coordination and/or Child Service Coordination activities. Coordination between the Maternity Care Coordination and Child Service Coordination programs is required.

Coordination of care strategies must be identified by all caregivers to avoid duplication of services.

## **8.0 Billing Guidelines**

Reimbursement requires compliance with all Medicaid guidelines.

Home Visit for Postnatal Assessment and Follow-up Care is reimbursed once per client per pregnancy. Home Visit for Postnatal Assessment and Follow-up Care and Home Visit for Newborn Care and Assessment can be reimbursed when provided on the same date of service.

Home Visit for Postnatal Assessment and Follow-up Care must be billed per date of service.

Home Visit for Postnatal Assessment and Follow-up Care cannot be reimbursed when provided on the same date as the following services:

- Child Service Coordination
- Maternal Care Skilled Nurse Visit
- Maternity Care Coordination
- Maternal Outreach Worker services

### **8.1 Claim Type**

CMS-1500 (HCFA-1500)

### **8.2 Diagnosis Codes That Support Medical Necessity**

V24.0 Immediately after delivery

V24.2 Routine postpartum follow up

**8.3 Procedure Code(s)**  
CPT code 99501 – *Home visit for postnatal assessment and follow-up care*

**8.4 Reimbursement Rate**  
Providers must bill their usual and customary charges.

## **9.0 Policy Implementation/Revision Information**

**Original Effective Date:** October 1, 2002

### **Revision Information:**

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.